

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.G.		2/15/01
O.I.P.E. CLASSIFIER		103229-00	
FORMALITY REVIEW		5918	4-11-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 " Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1			
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Claim	Final	Original	Date
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Claim	Final	Original	Date
1	101	101	12/12/01
2	102	102	12/12/01
3	103	103	12/12/01
4	104	104	12/12/01
5	105	105	12/12/01
6	106	106	12/12/01
7	107	107	12/12/01
8	108	108	12/12/01
9	109	109	12/12/01
10	110	110	12/12/01
11	111	111	12/12/01
12	112	112	12/12/01
13	113	113	12/12/01
14	114	114	12/12/01
15	115	115	12/12/01
16	116	116	12/12/01
17	117	117	12/12/01
18	118	118	12/12/01
19	119	119	12/12/01
20	120	120	12/12/01
21	121	121	12/12/01
22	122	122	12/12/01
23	123	123	12/12/01
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25	125	125	12/12/01
26	126	126	12/12/01
27	127	127	12/12/01
28	128	128	12/12/01
29	129	129	12/12/01
30	130	130	12/12/01
31	131	131	12/12/01
32	132	132	12/12/01
33	133	133	12/12/01
34	134	134	12/12/01
35	135	135	12/12/01
36	136	136	12/12/01
37	137	137	12/12/01
38	138	138	12/12/01
39	139	139	12/12/01
40	140	140	12/12/01
41	141	141	12/12/01
42	142	142	12/12/01
43	143	143	12/12/01
44	144	144	12/12/01
45	145	145	12/12/01
46	146	146	12/12/01
47	147	147	12/12/01
48	148	148	12/12/01
49	149	149	12/12/01
50	150	150	12/12/01

If more than 150 claims or 10 actions
 staple additional sheet here

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